

Inspection Criteria for Single Soldier Quarters

FROM: DPW, Housing Management Division

Date: _____

SUBJECT: Room Inspection Results

FOR: Occupant(s) _____

Room# _____ Building# _____

1. Your room was inspected today. The following discrepancies, indicated by check marks, were found:

- | | |
|---|--|
| <input type="checkbox"/> Ceiling fan needs cleaning | <input type="checkbox"/> Carpet needs cleaning |
| <input type="checkbox"/> Furniture needs dusting | <input type="checkbox"/> Bed not made |
| <input type="checkbox"/> Bed linen not exchanged/cleaned | <input type="checkbox"/> Clutter under bed |
| <input type="checkbox"/> Clothes not put away | <input type="checkbox"/> Waste can was not emptied/rust/needs cleaning out |
| <input type="checkbox"/> Ash trays not emptied/cleaned | <input type="checkbox"/> Refrigerator door seals need cleaning |
| <input type="checkbox"/> Refrigerator needs cleaning/defrosting | <input type="checkbox"/> Clothing not put away |
| <input type="checkbox"/> Entrance door/frame/dirty/marked/smudged | <input type="checkbox"/> Items displayed on furnishings not arranged neatly |
| <input type="checkbox"/> Walls dirty/marked/repaint room | <input type="checkbox"/> Sink/vanity area dirty |
| <input type="checkbox"/> Inappropriate pictures/posters displayed | <input type="checkbox"/> Occupant's nametag inappropriate/defaced |
| <input type="checkbox"/> Ceiling light fixtures/lamp dirty | <input type="checkbox"/> Displays are not clean or neatly arranged under bed |
| <input type="checkbox"/> Lights/stereo/TV left on while unattended | <input type="checkbox"/> Blinds not clean/neatly hung |
| <input type="checkbox"/> Mirror and frame dirty/dusty | <input type="checkbox"/> Suitcases/boxes not stored in lockers or storeroom |
| <input type="checkbox"/> Multiple outlet plugs in use | <input type="checkbox"/> Shower room left dirty/soap build-up walls/floors |
| <input type="checkbox"/> Shower curtain needs washing | <input type="checkbox"/> Shower curtain needs washing |
| <input type="checkbox"/> Storage area underneath sink not tidy/clean | <input type="checkbox"/> Soap dish is dirty/shower drain clogged or dirty |
| <input type="checkbox"/> Heating/Exhaust vent in latrine dirty/mildew | <input type="checkbox"/> Latrine floor needs cleaning |
| <input type="checkbox"/> Baseboards dirty | <input type="checkbox"/> Broken or damaged government fixtures/furnishings |
| <input type="checkbox"/> Microwave oven needs cleaning | |

2. Your room is rated:

- a. Excellent. Keep up the good work. I'll see you again _____
- b. Satisfactory. Except for a few discrepancies, I'll inspect again on _____ at _____ hours.
- c. Unsatisfactory. You will take immediate action to correct the discrepancies noted above. Your room will be inspected tomorrow, on _____ at _____ hours. Your section chief will/will not be present.

3. If you are assigned to a 2-person room, you must insure that your personal property remains on your assigned area of the room at all times. Government property positioned in the 2-person room needs to remain in place for the new resident. Do not move the property to your side of the room.

PRINTED RANK/NAME OF INSPECTOR

SIGNATURE OF INSPECTOR